

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO

FILING DATE

10/573355

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		
3		2		1		
4		1		1		
5	1		1		1	
6		1		1		
7		2		1		
8		1		1		
9		1		1		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	10	↔	8	↔		↔
TOTAL CLAIMS	12		10			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						←